

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37704**

BIRTH NO. _____ REG. DIST. NO. **224** PRIMARY REG. DIST. NO. **2052** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Sedalia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 West Broadway		STREET ADDRESS (If rural, give location) 210 West Broadway	

3. NAME OF DECEASED a. (First) Thomas b. (Middle) A. c. (Last) Hurley			4. DATE OF DEATH (Month) (Day) (Year) Nov 20 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 16 1955		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY Electric Co	11. BIRTHPLACE (City and State or Foreign Country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Hurley		13b. MOTHER'S MAIDEN NAME Kate Hayes		14. NAME OF HUSBAND OR WIFE Irene Hurley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-07-4374		17. INFORMANT'S SIGNATURE OR NAME Austin Hurley ADDRESS Sedalia	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Brain		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Kidney		
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180x		

19a. DATE OF OPERATION 1941		19b. MAJOR FINDINGS OF OPERATION Kidney removed for tumor		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 18, 1955**, to **Nov 20, 1955**, that I last saw the deceased alive on **Nov 20, 1955**, and that death occurred at **8:30p m.**, from the causes and on the date stated above.

23a. SIGNATURE A.L. Walter (Degree or title) MO		23b. ADDRESS Sedalia MO		23c. DATE SIGNED Nov 22 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-22-55		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) Sedalia MO	
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DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Thomas Corry, Asst. Reg.		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 2 1956

APR 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *KPM Cary*

Licensed Embalmer No. *315*

P. O. Address *Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.